

**17D**

SURVIVING SPOUSE AGED PERSON - MINOR

Exemption Information Form

Fiscal Year 2003 (July 1, 2002 — June 30, 2003)

CITY OF BOSTON ASSESSING DEPARTMENT

M. G. L. CHAPTER 59, § 5 Clause 17D

IDENTIFICATION

1. Ward and Parcel #: _____
2. Name _____
3. Street Address of property _____
4. Zip Code _____ 5. Property Class _____ 6. Telephone No. (Day) () _____
7. **Social Security Number** _____ **(Required for Refund)**
8. Date of birth ____/____/____ 9. Marital status _____

STATUS

8a. Indicate status: (Check all that apply)

____ **Surviving spouse**____ **Minor whose parent is deceased**

Spouse's name _____

Name of deceased parent _____

Date of spouse's death _____

Date of parent's death _____

Please attach copy of Death Certificate8b. **Person over 70 years of age**

Have you owned and occupied the property as your principal place of residence for more than five years prior to this application? ____ Yes ____ No

Please attach copy of Birth Certificate (must be 70 years as of 7/1/02)**ELIGIBILITY INFORMATION**9. **As of July 1, 2002**, did you own and occupy the above property as your principal residence? ____ Yes ____ No10. **As of July 1, 2002**, did you own **other** real estate? ____ Yes ____ No**IF YES:**a. Indicate total assessed value of **that other property or properties** a. \$ _____b. Indicate outstanding mortgage **as of July 1, 2002** b. \$ _____

c. Check applicable box(es): ____ Sole owner ____ Co-owner with spouse ____ Co-owner with others

11. List all non-real estate assets **as of July 1, 2002** (Include the value of your qualified retirement accounts and annuities)

a. Amount in Bank Accounts (Savings, Checking, Certificates of Deposit) a. \$ _____

b. Value of Stocks, Bonds and Securities b. \$ _____

c. Value of Motor Vehicles c. \$ _____

Total: \$ _____

SIGN HERE

By requesting consideration for exemption, I hereby authorize the City of Boston Assessing Department to make any and all inquiries to any party regarding any bank account, whether held in my name individually, as trustee or agent, or against which I have the power to draw, whether or not my name appears. I have read this return. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return is true, correct and complete.

Your Signature: _____

Date: ____/____/____

Mail Return To: ASSESSING DEPARTMENT, Room 301, Boston City Hall, Boston, MA 02201

For those filing before the Third Quarter Tax bill is issued: If your application is received timely and approved, the exemption should appear on your Fiscal Year third quarter tax bill.

For those filing after the third quarter tax bill is issued: If this exemption does not appear on the third quarter tax bill, you have 3 months from the mailing date of the third quarter tax bill to file. If the application is filed timely and approved, the exemption will be credited on the Fiscal Year fourth quarter tax bill.